Northern Highlands High School
Intervention and Referral Services

Parent Request for Assistance

Parent Name: _____
Student Name _____ Current Grade _____
Address:_____
Phone:_____ Email:_____

Please describe the student's work habits.

Please circle all areas of concern:

Letter / word reversal
Hearing
Withdrawn
Working independently
Distractible
Vision
Peer Relationships
Working with others
Procrastinates
Fine Motor
Impulsive
Lacking motivation
Written expression
Gross Motor
Poor self-concept
Following verbal / written directions
Oral expression
Coordination
Drop in grades
Retaining information (short term memory)
Reading Comprehension
Spatial orientation
Sensitive
Careless work habits

Spelling
Self Help / Adaptive
Immature
Lacks organization
Fluency
Physical Handicap
Argumentative
Inattentive
Vocabulary
Hygiene
Inappropriate sexual behavior
Remaining on task
Grammar (usage)
Frequent trips to the nurse
Blaming / denying / not accepting responsibility
Completing class work
Drug & Alcohol use
Adjusting to new situation NS / Transitioning
Completing homework
Study Skills
Defiance / Violation of rules
Cheating
Speech Language
Attendance / Tardiness
Other_____

Please identify specific areas of strength:

Please identify specific areas of difficulty:

Please provide specific and Descriptive Observed Behaviors: (Give specific details of your concerns)

Health Problems ~ Identify specific symptoms/conditions of observed concerns: (Note: all health issues must first be addressed by the School Nurse, Ann Rutkowski at rutkowskia@northernhighlands.org)

Please share any interventions previously or currently being used.
Please circle any strategies used:

Extra Help before/after school with teacher(s)
Conference with Teacher(s)
Conference with School Counselor
Conference with SAC
Conference with School Nurse
Basic Skills Class
Tutoring outside of school
Therapy outside of school
Other:

Please also provide any documentation from any outside medical professionals, if available.

Parent Signature:_____ Date: _____
Please return to Kelly Peterfriend, Supervisor of School Counseling and I&RS Coordinator.

To be completed by I&RS Coordinator:
Date Received _____
Date of I&RS Meeting _____